KENTUCKY DEPARTMENT OF EDUCATION NUTRITION AND HEALTH SERVICES

FINANCIAL MANAGEMENT SYSTEM

("D" Packet)

Special Milk Only Program

THE ATTACHED FORMS ARE OPTIONAL NOT THE INFORMATION

Revised: June 2005

SCN-D2

REPORT AND CLAIM FOR REIMBURSEMENT

	Claim Period Covered	Membership Lunch and/or Milk	Average Daily Attendance Lunch and/or Milk	Number of Days ADP I Lunch Served	unch Membership Breakfast	Average Daily Attendance Breakfast		ADP Number of Days akfast Special Milk Served
	(1) Record SFA/Agency Month Year	(2)	(3)	(4) (5)		(7)	(8)	(9) (10)
S	Name/Address Below:						Regular	Needy
E		Opening Bank Bala	ance Bank Deposits	Income Due	All Expenditures	Unpaid Bills C	omputed Cash Position	Closing Bank Balance
T		(Reconciled)	-		•	•	•	(Reconciled)
I		(11)	(12)	(13)	(14)	(15)	(16)	(17)
N		Misc/Ala Carte Sa		n Hand Approved	FREE Applications	Approved REDUCED PRICE	E Application	Ψ
1		(18)	(19)		(20)	(21)		
	NATIONAL SCHOOL LUNCH PROGRAM	(NSLP)	SCHOOL BREAKFAS	ST PROGRAM (SRP)	SPECIAL MII	LK PROGRAM (SMP)	AFTER SCHOOL	L SNACK PROGRAM
		,	SCHOOL BREAKI AL	31 TROOKAM (SBI)		, , ,	AI ILK SCHOOL	L SIVACK I ROGRAM
	Number Served Rat 1. REIMBURSEMENT	e Reimbursement	Number Served	Rate Reimbursement	Number S	erved Rate Reimbursem	ent Number Se	erved Rate Reimbursement
	a. Reduced Price	¢ \$	Reduced	¢ \$			Reduced	¢ \$
S	b. Free	¢ \$	Free	¢ \$	Free	 _\$	— Free	¢ \$
E C	c. Paid	¢ \$	Paid	¢ \$	Paid	¢ \$	— Paid	¢ \$
T	d. Total Served to Students		# of Schools		# of Schools		# of Schools	
0	# of Schools		NEEDY BREAKF					IGIBLE SNACKS
N			Reduced Free	¢ \$ ¢ \$			Reduced Free	
2			Paid	¢ \$			Paid	
	2. TOTAL OF COLUMN	\$	# of Schools TOTAL OF COLUMN	¢	TOTAL OF COLUM	NT Ø	# of Schools TOTAL OF COLUMI	ΛT Φ
		T	TOTAL OF COLUMN	Ψ	TOTAL OF COLUM	Ν Φ	TOTAL OF COLUMN	Ψ
			1				TOTAL REIMBUR	
S E	LUNCH		BREAKFAST	AFTER SCHOOL	L SNACK S	PECIAL MILK	MISC/ALA CARTE	TOTAL
C T	1. CASH FROM DAILY SALES							
O N	2. FEDERAL REIMBURSEMENT RECEIVED							
3	3. OTHER INCOME							
S E								
C	COST OF FOOD USED: a. Purchased b. USDA Commodity							
T I	2. COST OF DIRECT LABOR							
O N	3. EQUIPMENT DEPRECIATION							
	4. OTHER DIRECT COST 5. INDIRECT COST							
4	6. VALUE OF DONATIONS							
	ertify that the information on this voucher is true and correct t				in Signature of SFA Repr	esentative: Title:	Date	Telephone Number:
acc	ordance with the terms of existing agreement and that payme th the receipt of federal funds and that deliberate misrepresent	nt has not been received ation may subject me to	 I understand that this information prosecution under applicable state a 	is being given in connection and federal statutes.				

SCN-D2

REPORT AND CLAIM FOR REIMBURSEMENT

	Claim Period Covered	Membership	Average Daily Attendance						Number of Days
	(1)	Lunch and/or Milk (2)	Lunch and/or Milk (3)	Lunch Served (4)	Breakfa (5) (6)	ast Breakfast (7)	Breakfast Served (8)	Breakfast (9)	Special Milk Served (10)
	Record SFA/Agency Month Year	(2)	(3)	(4)	(5)	(1)	(6)	Regular Needy	(10)
SE	Name/Address Below:								
C		Opening Bank Bala	ance Bank Deposits	Income Due	All Expenditures	Unpaid Bills	Computed Cash Position		sing Bank Balance
T		(Reconciled)	(12)	(12)	(1.4)	(15)	(16)	((Reconciled)
1		(11)	(12) + \$ + T	(13)	(14)	(15)	(16)	•	(17)
N		Misc/Ala Carte Sa	`	on Hand Appr	oved FREE Application	ns Approved REDUCE	D PRICE Application	a	
1		(18)	(19)	, on Hand	(20)	(21)	D True D Tippine attoir		
1	Reason for Correction:								
	NATIONAL SCHOOL LUNCH PROGRAM	(NSLP)	SCHOOL BREAKFA	ST PROGRAM (SBF	P) SPECIAL	L MILK PROGRAM (SMP) AFTER S	CHOOL SNAC	K PROGRAM
	November Court de Date	D.:	N	Data Daimbana	, N.	nata Camada Data Dalashaa		N	Dete Deinstein
	Number Served Rate 1. REIMBURSEMENT	Reimbursement	Number Served	Rate Reimbursemen	t Nu	imber Served Rate Reimbur	sement	Number Served	Rate Reimbursement
	a. Reduced Price	¢ \$	Reduced	¢ \$	_		Reduced		¢ \$
S	b. Free	¢ \$	Free	¢ \$	Free		\$ Free		¢ \$
E	c Paid	¢ \$	Paid	¢ \$	Paid	¢	\$ Paid		¢ \$
C	d. Total Served								
I	to Students		# of Schools		# of Schools		# of Schools		
O N			NEEDY BREAKI					REA ELIGIBLE	E SNACKS
IN			Reduced	¢ \$ ¢ \$	_		Reduced		
2	CORRECTED C	$\cap DV$	Free Paid	¢ \$	_		Free Paid		
	CONNECTED		raid				raid		
			# of Schools				# of Schools		
	2. TOTAL OF COLUMN \$		TOTAL OF COLUMN	\$	_ TOTAL OF CO	LUMN \$	TOTAL OF C	OLUMN	\$
S	LUNCH		DDE A MEA OF	A PEED COLLO	OL GNIA GIV	CDECLAL MILIT		MBURSEMENT	\$
E	LUNCH		BREAKFAST	AFTER SCHO	OOL SNACK	SPECIAL MILK	MISC/ALA CART	E	TOTAL
C	1. CASH FROM DAILY SALES							7	
I	_							_	
О								4	
N								-	
3	3. OTHER INCOME								
S									
C	COST OF FOOD USED: a. Purchased								
T									
I	2. COST OF DIRECT LABOR								
N									
	5. INDIRECT COST								
4	6. VALUE OF DONATIONS								
I	certify that the information on this voucher is true and correct to	the best of my knowle	edge: that records are available to su	pport this claim: and that it	t is in Signature of SF	A Representative:	Title:	Date T	Telephone Number:
ac	cordance with the terms of existing agreement and that paymen	t has not been received	d. I understand that this information	is being given in connection		111toprosonau vo.			corphone rumber.
W	ith the receipt of federal funds and that deliberate misrepresentation	tion may subject me to	prosecution under applicable state	and federal statutes.					

Special Milk Count Sheet

Facility:			
	Month: _	Year: _	

Date	BREAKFAST		LUN	ICH	DIN	NER	ATTENDANCE		
	No. ½	No. ½	No. ½	No. ½	No. ½	No. ½ pt.	Number	Number	
	Pt. per	pt. Per	Pt. per	pt. Per	Pt. per	Per	of	of Adults	
	Child	Adults	Child	Adults	Child	Adults	Children		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
<u>TOTALS</u>									

SCN D4d

Special Milk Cash from Daily Sales

Facility:		•	
	Month:	Year: _	

Date	BREA	KFAST	LUN	NCH	DIN	NER	Tota	Total Cash Sales			
	Children	Adult	Children	Adult	Children	Adult		Child + Adult			
	Payment	Payment	Payment	Payment	Payment	Payment	Casl	Cash ='s			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
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22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
TOTALS											

SCN-D6d DAILY MILK INVENTORY For SPECIAL MILK PROGRAMS

DATE	Beginning Inventory	+	(3) Number ½ Pints Delivered	ı	(4) Number ½ Pints Served	-	Misc. Milk Served	=	Ending Inventory
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
TOTALS									

INSTRUCTIONS FOR DAILY MILK INVENTORY

- 1. Day Milk was delivered and/or served.
- 2. Beginning Inventory—Number of ½ pints of milk on hand.
- 3. Number of ½ pints of milk delivered that day.
- 4. Number of ½ pints of milk served to all participants from Count Sheet. (Camper + Adults)
- 5. number of ½ pints of milk used in cooking, discarded due to spoilage or stolen.
- 6. Ending Inventory—Inventory of $\frac{1}{2}$ pint milk after delivery and service that day. [(2) + (3) (4) (5) = (6)] This will be the beginning inventory for the next day of service.

TOTALS: Add totals for the month down in columns (2), (3), (4), (5) and (6). Report total number of campers under Section 2 of the D2, Report and Claim for Reimbursement, and the number of adult and misc. milks served under number 18, misc. a la carte milk in Section 1 of the D2, Report and Claim for Reimbursement.